

Work Order ID 91882

October-19-12 1:01:20 PM

91882

Page 1

Item ID: D350-727-045

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Wearplate, Full Length, LH/RH

Stop

NS2

Start Date: 10/18/12 Start Qty: 4.00

4

Cust Item ID:

Required Date: 11/02/12 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals: Process Plan:

P

Date: 12-10-9

Tooling:

Date:

Run

Start

NR1

QC:

Date: _____

SPC (Y/N):

Date: _____

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
----------	--------------

IIN D350-727 Rev A

100

100

DOCUMENT CONTROL

DC

Document Control

Memo

Photocopy bluefile and create labels per PPP D350-727-045 CHG002

0.00

*DAS
16*

0.00

*12/10/12
JB*

Form CJ 12-10-25

④

110

110

Packaging

Packaging

Pick Kit

0.00

Memo

0.00

4 12/10/12

120

120

QC

Quality Control

QC4- 100% Inspect kits for completeness

0.00

*DAS
16*

0.00

12/10/12

40

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									
FAULT CATEGORY									
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions					
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other					

Work Order ID 91882

91882

Page 2

October-19-12 1:01:20 PM

Item ID: D350-727-045

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Wearplate, Full Length, LH/RH

Stop

NS2

Start Date: 10/18/12 Start Qty: 4.00

4

Cust Item ID:

Required Date: 11/02/12 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

130

Packaging

0.00

④ SK

10/10/12

Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D350-727-045
Location: 62 PPP Rev: _____

140

140

QC21- Final Inspection - Work Order Release

0.00

12/10/2012
MLW 12-10-12

QC

Memo

0.00

Quality Control

NCR: Yes / No

DQA: Date: 

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS											
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>										
Part No. _____																	
NCR No. _____																	
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector							
Doc/Data																	
Equip/Tooling																	
Operator																	
Material																	
Setup																	
Other																	
Process																	
Supplier																	
Training																	
Unapproved																	
FAULT CATEGORY																	
Landing Gear				General													
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio							<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Picklist Print

October-19-12 1:01:19 PM

Page 1

Work Order ID: 91882

Parent Item: D350-727-045

Parent Item Name: Wearplate, Full Length, LH/RH

Start Date: 10/18/12

Required Date: 11/02/12

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP Rev:A05.05.12New issueKJ/JLM
VERF:EC

IPP REV:B 12.04.11 AS PER ECN 12-546 DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3319-1 Wearplate		Manufactured	No			110	Each	13.0000	1	4	JB		

Location	Loc Qty	Loc Code
FG	2	
85702	2	
ST500	11	
89355	11	

SMJ

89355

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3319-3 Wearplate		Manufactured	No			110	Each	10.0000	1	4	JB	12/10/24	

Location	Loc Qty	Loc Code
FG	1	
86861	1	
ST500	9	
86861	1	
89288	8	

SMJ

89288

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

4.0 WEIGHT AND BALANCE

There is negligible weight change associated with the installation of the Dart wearplates.

5.0 PARTS LIST

Qty -045	Qty -043	Qty -041	Qty -015	Qty -013	Qty -011	Part Number	Description
					X	D350-727-011	WEARPLATE KIT, STANDARD
				X		D350-727-013	WEARPLATE KIT, LONGER AFT WEARPLATE
			X			D350-727-015	WEARPLATE KIT, FULL LENGTH
		X				D350-727-041	WEARPLATE KIT, STANDARD WEARPLATE, LH/RH
	X					D350-727-043	WEARPLATE KIT, LONGER AFT WEARPLATE, LH/RH
X						D350-727-045	WEARPLATE KIT, FULL LENGTH, LH/RH
1	1	1	2	2	2	D3319-1	WEARPLATE
1			2			D3319-3	WEARPLATE
1				2		D3319-5	WEARPLATE
	1				2	D3319-7	WEARPLATE